Recipient Committee Campaign Statement Cover Page Government Code Sections 84200-84216.5)	Type or print in ink.		Date Stamp	2.	IFORNIA 460 101/02 ORM	
SEE INSTRUCTIONS ON REVERSE	Statement covers period from07-01-2004 through12-31-2004	Date of election if applicable: (Month, Day, Year)		VOTERS	Tor Official Use Only	
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Implete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Viso Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Viso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement (Also file a Form 410 Amendment (Explain amending method of	nt [Termination) below)	lder expenses	Year Report I Preelection attach Form 495	
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Friends of Mike Carona STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CO CA MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B	949.252.8852 ox	Treasurer(s) NAME OF TREASURER Lesley Ann Stoll MAILING ADDRESS CITY NAME OF ASSISTANT TREASU	STATE CA JRER, IF ANY	310 COD5	AREA CODE/PHONE 408.370.9850	
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE	AREA CODE/PHONE	
I. Verification I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of California Executed on Date Executed on Date Executed on	g this statement and to the best of my known as that the foregoing is true and correct. By By Signature of Co. By By	Signature of Tredsdrer or Assistan	Should the Treasurer roponent or Responsible Officer of	·	e and complete. I certify	

PPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Friends of Mike Carona Column A **Contributions Received** Column B Calendar Year Summary for Candidates TOTAL THIS PERIOD CALENDAR YEAR (FROM ATTACHED SCHEDULES) Running in Both the State Primary and TOTALTODATE **General Elections** 1. Monetary Contributions Schedule A, Line 3 \$ 0.00 2. Loans Received Schedule B, Line 3 1/1 through 6/30 7/1 to Date 0.00 0.00 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2 \$ _____ 0.00 0.00 20. Contributions Received 4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00 21. Expenditures 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ ___ 0.00 0.00 Made Expenditures Made **Expenditure Limit Summary for State** 6. Payments Made Schedule E, Line 4 \$ ___ 45,000.55 96,048.89 **Candidates** 7. Loans Made Schedule H. Line 3 0.00 0.00 22. Cumulative Expenditures Made* 8. SUBTOTAL CASH PAYMENTS Add Lines 6+7 \$ 45,000.55 96,048.89 (if Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 (297.88)0.00 Date of Election Total to Date 10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00 (mm/dd/yy) 44,702,67 96,048.89 **Current Cash Statement** 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 243,108.86 To calculate Column B, add 13. Cash Receipts Column A, Line 3 above 0.00 amounts in Column A to the corresponding amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 849.12 *Amounts in this section may be different from amounts from Column B of your last reported in Column B. 45.000.55 15. Cash Payments Column A, Line 8 above report. Some amounts in Column A may be negative 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 198,957.43 figures that should be subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ __ 0.00 for this calendar year, only carry over the amounts Cash Equivalents and Outstanding Debts from Lines 2, 7, and 9 (if any). 18. Cash Equivalents See instructions on reverse \$ 0.00 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00 FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Type or print in ink. Amounts may be rounded to whole dollars.			Stateme from	07-01-2004 12-31-2004	CALIFO FOR	
Friends of Mike Carona						I.D. NUM	961967
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member co MTG meetings a OFC office expe PET petition circ PHO phone bank POL polling and POS postage, de	mmunications nd appearance enses culating ks survey resea elivery and me	es	RAD radio a RFD returne SAL campa TEL t.v. or TRC candid TRS staff/s TSF transfe VOT voter i	e the payment. airtime and production ed contributions aign workers' salaries cable airtime and prod late travel, lodging, and pouse travel, lodging, and produce travel committees registration ation technology costs	uction costs if meals and meals s of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAY	/MENT		AMOUNT PAID
Michael Carona			officeholder expe	enses			\$297.88
TOTAL PAYMENTS BEFORE THIS AMENDMENT							\$44,702.67
* Payments that are contributions or independent expenditures r	must also be sumn	narized on S	chedule D.		SUE	STOTAL\$	45,000.55
Schedule E Summary							
Itemized payments made this period. (Include all Schedule E subtotals.)					\$	45,000.55	
2. Unitemized payments made this period of under \$100					\$	0.00	
3. Total interest paid this period on loans. (Enter amount from	Schedule B, Part	1, Column ((e).)		***************************************	\$	0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. E	nter here and on t	he Summar	y Page, Column A, I	Line 6.)	тот	AL \$	45,000.55

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	· .	41-1	11: 1	

Schedule F	Type or print in ink.			SCHEDULE				
Accrued Expenses (Unpaid Bills)	Amounts may be rounded to whole dollars.		Statement cov	ers period CA 1-2004	FORM 460			
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	V = 1,0000-000-		through 12-3		ige 4 of 4			
Friends of Mike Carona					NUMBER			
CODES: If one of the following codes accurately describe	es the payment, you may	enter the code. C	Otherwise, describe (1967			
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events independent expenditure supporting/opposing others (explain)* legal defense LT campaign literature and mailings	MBR member communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services Print ads	ns inces earch messenger services	RAD radio airtime a RFD returned contr SAL campaign wor TEL t.v. or cable ai TRC candidate trav. TRS staff/spouse tr TSF transfer betwee VOT voter registrati	and production costs ributions rkers' salaries irtime and production of el, lodging, and meals ravel, lodging, and meen committees of the	als same candidate/sponsor			
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD			
Michael Carona	officeholder expenses	\$297.88	\$0.00	\$297.88	\$0.00			
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	297.88	\$ 0.00	\$ 297.88	\$ \$0.00			
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S	chedule F, Column (b) su	btotals for			0.00			
accrued expenses of \$100 or more, plus total unitemized at 2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized particles.)	dule F, Column (c) subtot	als for payments or	n					
Net change this period. (Subtract Line 2 from Line 1. Ent on the Summary Page, Column A, Line 9.)								